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13 Attorneys for *Qui Tam* Plaintiff  
14 Misha Kim

15 UNITED STATES DISTRICT COURT  
16 CENTRAL DISTRICT OF CALIFORNIA

17 UNITED STATES OF AMERICA ex rel.  
18 Misha Kim,

19 Plaintiffs,

20 vs.

21 GreatCare Home Health, Inc., Hee Jung  
22 Mun, Dong W. Shin, M.D., Bo W. Paik,  
23 M.D., Whan Sil Kim, M.D., Jung Lee, Hwa  
24 Kim, Jihae Kim and Yeong Lee,

25 Defendants.

26 **CV 10-01988-SVW (MANX)**

27 **COMPLAINT**

28 **DEMAND FOR JURY TRIAL**

[FILED IN CAMERA AND UNDER  
SEAL PURSUANT TO 31 U.S.C. §  
3730(b)(2)]

DOCKETED ON CM

MAR 22 2010

BY CR 022

COMPLAINT

- 1 -

**L.**

1. This is an action for civil damages and penalties arising under the laws of the States to redress violations of the False Claims Act, 31 U.S.C. § 3729 *et seq.* This Court has subject matter jurisdiction pursuant to 31 U.S.C. §§ 3732(a) and (b) because the defendants do business in this district and can be found in this district.

**VENUE**

### III.

3. *Qui Tam* plaintiff Misha Kim ("Kim") resides in this district. Kim is employed by the defendant GreatCare Home Health, Inc.

5. Defendant Hee Jung Mun ("Mun") is the director and owner of GreatCare. Mun resides in this district.

## COMPLAINT

1 7. Defendant Bo W. Paik, M.D., ("Dr. Paik") is licensed to practice medicine in  
2 California. Dr. Paik practices general medicine at 3030 W. 8<sup>th</sup> Street, Los Angeles, CA 90005.  
3 Dr. Paik resides in this district.

4 8. Defendant Whan Sil Kim, M.D., ("Dr. Kim") is licensed to practice medicine in  
5 California. Dr. Kim practices internal medicine at several clinics in Los Angeles County and  
6 Orange County. Dr. Kim's primary business address is believed to be located at 5661 Beach  
7 Blvd., #100, Buena Park, CA 90621. Dr. Kim resides in this district.

8 9. Defendant Jung Lee ("Lucia") is employed by GreatCare as a non-registered  
9 nurse. Lucia resides in this district.

10 10. Defendant Hwa Kim ("Helen") is employed by GreatCare as a registered nurse.  
11 Helen resides in this district.

12 11. Defendant Yeong Lee ("Sophia") is employed by GreatCare as a medical recorder  
13 and to oversee Quality Assurance. Sophia resides in this district.

14 12. Defendant Jihae Kim ("Jihae") is employed as a registered nurse by GreatCare.  
15 Jihae resides in this district.

16 13. At all times relevant hereto, defendant GreatCare acted through its agents and  
17 employees and the acts of GreatCare's agents and employees were within the scope of such  
18 agency and employment.

19 IV.

20 **FIRST CLAIM AGAINST GREATCARE, MUN, DR. SHIN, DR. PAIK**  
21 **AND DR. KIM FOR VIOLATION OF 31 U.S.C. §§ 3729(a)(1)(A) and (B)**

22 14. Plaintiffs incorporate by reference herein the allegations made above in paragraphs  
23 1-13, inclusive.

24 15. As a Medicare approved Home Health Agency, GreatCare is entitled to receive  
25 payment from Medicare for medically necessary services provided to eligible homebound patients  
26 so long as the services provided by GreatCare and the claims submitted by GreatCare to Medicare  
27 comply with all applicable federal statutory and regulatory requirements for reimbursement.

28 COMPLAINT

1           16. Medicare is a health insurance program for the aged and disabled under Title  
2 XVIII of the Social Security Act that is solely funded by the federal government. Medicare pays  
3 for a limited set of home health care services and non-routine supplies under 60 day episode rates  
4 on a reasonable cost basis that includes intermittent skilled nursing care and physical therapy so  
5 long as a physician has determined that the Medicare beneficiary needs medical care at home  
6 according to the medical necessity and reasonableness requirements prescribed under the  
7 Medicare regulations and has developed a plan of care consistent with those requirements. The 60  
8 day episode rates are established using a case-mix methodology that is adjusted based on the  
9 characteristics and diagnosis of the patient and his/her corresponding resource needs which are  
10 entered as data elements in the OASIS electronic data reporting system. The collection of accurate  
11 data elements for entry into the OASIS system is a condition of participation as a Medicare  
12 provider.

13           17. The data elements of the case-mix adjustment methodology are organized into  
14 three dimensions to capture clinical severity factors, functional severity factors, and service  
15 utilization factors which are assigned score values which are then summed to determine the  
16 patient's case-mix group and the episode rate. The use of false or incorrect data elements will  
17 result in an incorrect determination of the patient's case-mix group and a false episode rate.

18           18. In addition to participation in the OASIS system in order to get paid, home health  
19 providers must also obey federal laws and regulations which forbid the payment of unlawful  
20 kickbacks and patient referral fees. The Anti-Kickback Statute ("AKS"), 42 U.S.C. § 1320a-7b(b),  
21 prohibits, among other things, paying kickbacks to induce referrals for services paid under federal  
22 healthcare programs. The AKS arose out of Congressional concern that payoffs to those who can  
23 influence healthcare decisions corrupt professional healthcare decision-making and may result in  
24 federal funds being diverted to pay for goods or services that are medically unnecessary, of poor  
25 quality, or even harmful to a vulnerable patient population. The AKS prohibits payment of  
26 kickbacks in order to protect the integrity of the Medicare program from these difficult to detect  
27 harms. First enacted in 1972, the AKS was strengthened in 1977 and 1987 to ensure that

28 COMPLAINT

1 kickbacks masquerading as legitimate transactions do not evade its reach. *See* Social Security  
2 Amendments of 1972, Pub. L. No. 92-603, §§ 242(b) and (c); 42 U.S.C. § 1320a-7b, Medicare-  
3 Medicaid Antifraud and Abuse Amendments, Pub. L. No. 95-142; Medicare and Medicaid Patient  
4 and Program Protection Act of 1987, Pub. L. No. 100-93.

5 19. At all times relevant to this Complaint, the AKS has prohibited any person or  
6 entity from making or accepting payment to induce or reward any person for referring,  
7 recommending or arranging for federally-funded medical items and services, including items and  
8 services provided under the Medicare program.

9 In pertinent part, the statute states:

10 (b) Illegal remuneration

11 \* \* \*

12  
13  
14 (2) whoever knowingly and willfully offers or pays any  
15 remuneration (including any kickback, bribe, or rebate)  
16 directly or indirectly, overtly or covertly, in cash or in kind  
17 to any person to induce such person-

18  
19 (A) to refer an individual to a person for the furnishing or  
20 arranging for the furnishing of any item or service for which  
21 payment may be made in whole or in part under a Federal  
22 health care program, or

23  
24 (B) to purchase, lease, order or arrange for or recommend  
25 purchasing, leasing or ordering any good, facility, service,  
26 or item for which payment may be made in whole or in part  
27 under a Federal health care program,

28 COMPLAINT

1 shall be guilty of a felony and upon conviction thereof, shall be fined not  
2 more than \$25,000 or imprisoned for not more than five years, or both.

3  
4 42 U.S.C. § 1320a-7b(b)(2). Violation of the statute can also subject the perpetrator to exclusion  
5 from participation in federal health care programs and civil monetary penalties of up to \$50,000  
6 per violation and up to three times the amount of remuneration paid. 42 U.S.C. § 1320a-7(b)(7);  
7 42 U.S.C. § 1320a-7(a)(7).

8 20. In addition to the AKS, 42 U.S.C. § 1395nn (commonly known as the "Stark  
9 Statute" or "Stark II") prohibits home health services and certain other entities providing  
10 healthcare items and services from submitting Medicare claims for payment for items and services  
11 that are the product of patient referrals from physicians having an impermissible "financial  
12 arrangement" (as defined in the statute) with the home health service. The Stark Statute requires  
13 that the Medicare program deny payment for claims for any service billed in violation of its  
14 provisions. 42 U.S.C. § 1395nn(g). It requires that providers who have collected Medicare  
15 payments for a healthcare service "performed under a prohibited referral must refund all collected  
16 amounts on a timely basis." 42 C.F.R. § 411.353. The Stark Statute establishes the presumptive  
17 rule that providers may not bill and the Medicare program will not pay for designated health  
18 services (as defined in the statute) generated by a referral from a physician with whom the  
19 provider has a financial relationship. 42 U.S.C. §§ 1395nn(a)(1),(g)(1). The Statute was designed  
20 to protect the federal healthcare programs from paying for the costs of questionable utilization of  
21 services by removing monetary influences on referral decisions.

22 21. At all times relevant to this Complaint, the Stark Statute has applied to payments  
23 to referring physicians by Home Health Agencies and services and the resulting claims to the  
24 Medicare program. *See* 42 U.S.C. §§ 1395nn(h)(6)(I). In pertinent part, the Stark Statute provides:

25  
26 (a) Prohibition of certain referrals  
27  
28

COMPLAINT

(1) In general

Except as provided in subsection (b) of this section, if a physician (or an immediate family member of such physician) has a financial relationship with an entity specified in paragraph (2), then--

(A) the physician may not make a referral to the entity for the furnishing of designated health services for which payment otherwise may be made under this subchapter, and

(B) the entity may not present or cause to be presented a claim under this subchapter or bill to any individual, third party payor, or other entity for designated health services furnished pursuant to a referral prohibited under subparagraph (A).

42 U.S.C. §§ 1395nn.

22. The Stark Statute broadly defines prohibited financial relationships to include any "compensation" (any "remuneration") paid directly or indirectly to a referring physician. 42 U.S.C. § 1395nn(a)(2), with some statutory exceptions, none of which apply here.

23. By virtue of the terms of GreatCare's's Home Health Agency provider agreement and federal laws and regulations, at all times herein alleged, the defendants' knew that the submission of claims for payment to Medicare or any federally sponsored health care program for services provided to any patient that has been referred by a physician with whom GreatCare had a financial relationship which did not fall under an exception to the Stark Statute and AKS was prohibited. Defendants also knew that the submission of a claim for reimbursement to Medicare constituted a representation of compliance with all applicable laws and regulations, including the Stark Statute and AKS. Yet, beginning in approximately February 2007, Kim is informed and

COMPLAINT



1 believes and herein alleges that GreatCare and Mun, on behalf of GreatCare, provided, and caused  
2 others to provide, unlawful remuneration and kickbacks, in the form of cash, to several  
3 physicians, including Dr. Shin, Dr. Paik and Dr. Kim for patient referrals to GreatCare and  
4 submitted, and caused others to submit, to Medicare false or fraudulent claims for reimbursement  
5 and false records in support of such claims for the services GreatCare rendered to the home health  
6 care Medicare beneficiaries who had been referred to GreatCare by physicians, including Dr. Shin,  
7 Dr. Paik and Dr. Kim, who were receiving unlawful cash compensation and kickbacks from  
8 GreatCare and Mun in violation of the Stark Statute and the AKS. Additionally, GreatCare and  
9 Mun knew that the submission of claims for payment to Medicare or any federally sponsored  
10 health care program for services provided to any patient that had become a patient of GreatCare  
11 because of the payment of inducements and rewards by Mun and GreatCare to the patient was  
12 prohibited. Yet, beginning in approximately February 2007, Kim is informed and believes and  
13 herein alleges that GreatCare and Mun, on behalf of GreatCare, provided, and caused others to  
14 provide, unlawful inducements and rewards, in the form of cash, to patients of GreatCare to  
15 induce and reward such patients to become patients of GreatCare and submitted, and caused  
16 others to submit, to Medicare false or fraudulent claims for reimbursement and false records in  
17 support of such claims for the services GreatCare rendered to the home health care Medicare  
18 beneficiaries who received unlawful inducements and rewards from GreatCare and Mun in  
19 violation of the AKS.

20 24. By virtue of the false or fraudulent claims knowingly made, used, or caused to be  
21 made or used by the defendants and the false records or false statements knowingly made, used or  
22 caused to be made or used by the defendants to get such false claims paid or approved, the United  
23 States has suffered damages and therefore is entitled to statutory damages under the False Claims  
24 Act, to be determined at trial, plus a civil penalty for each violation.

25 V.

26 **SECOND CLAIM AGAINST ALL DEFENDANTS**

27  
28 COMPLAINT



**FOR VIOLATION OF 31 U.S.C. §§ 3729(a)(1)(A), (B) and (C)**

25. Plaintiffs repeat and re-allege paragraphs 1 through 24 as if fully set forth herein.

26. Since approximately February 2007, the defendants have knowingly participated in a scheme designed to defraud Medicare by obtaining Medicare patients through the payment of unlawful kickbacks to patients and physicians and unlawful remuneration for referrals from physicians, falsifying diagnoses to justify extensive treatment plans to obtain higher reimbursements, preparing false physician orders and Plans of Treatment forms, charging for licensed physical therapists and skilled nursing services when the services were actually provided by unlicensed or unqualified personnel or otherwise not provided and entering false data elements into the OASIS system. In addition to the unlawful kickbacks and remuneration set forth in paragraphs 18-24, the defendants engaged in the following acts:

A) Drs. Shin, Paik and Kim would refer patients to GreatCare on simple order forms that oftentimes did not include either a diagnosis or a determination that the patients were homebound sufficient to justify Medicare reimbursement for home health care. For example, in February of 2010, GreatCare provided home health care services to 62 patients, 33 of whom had been diagnosed on the original order form from the physician as suffering from simple dehydration, insufficient to justify Medicare payment for a 60 day episode. After receiving the original order forms from the physician, Mun discarded the original order forms and prepared substitute order forms for the physician's signature containing diagnoses that would justify Medicare reimbursement for a 60 day episode. In this way, only eight patients were left with a diagnosis of dehydration, instead of 33. GreatCare would also prepare Plan of Treatment forms (Form 485) containing more elaborate diagnoses than the diagnoses contained on the original order received from the physician and more extensive treatments than those listed on the original order. Mun personally delivered the Plan of Treatment forms to the physicians for their signatures, including Plan of Treatment forms for patients that Mun had directly solicited through the payment of direct kickbacks to the patients. She would also personally deliver the unlawful cash

COMPLAINT

1 remuneration to the physicians.

2 B) Lucia routinely performed home visits in Mun, Helen and Jihae's name.  
3 The home health care visits were then billed to Medicare as skilled nursing care visits. Helen  
4 doesn't visit the patients at their homes but only comes to GreatCare's offices to sign papers,  
5 routes sheets and notes to make it appear as if she does. Jihae also prepares notes and other  
6 documents to falsely show that she performed skilled nursing care visits when the visits were  
7 instead performed by Lucia. Mun substituted the services of a masseuse in place of a licensed  
8 physical therapist which was then billed to Medicare as physical therapy.

9 C) Sophia, Helen, Mun and Jihae entered false information about the condition  
10 of the patients and other false data elements into the OASIS system to justify Medicare  
11 reimbursement for 60 day episodes at higher case mix groups than the patients' conditions and  
12 needs warranted.

13  
14 27. By virtue of the false or fraudulent claims knowingly made, used, or caused to be  
15 made or used by the defendants and the false records or false statements knowingly made, used or  
16 caused to be made or used by the defendants to get such false claims paid or approved, the United  
17 States has suffered damages and therefore is entitled to statutory damages under the False Claims  
18 Act, to be determined at trial, plus a civil penalty for each violation.

19  
20  
21  
22 **PRAYER**

**WHEREFORE,** Plaintiffs pray that judgment be entered as followed:

- 23 A. In an amount equal to three times the amount of damages the United States  
24 has sustained because of the defendants' false or fraudulent claims and  
25 civil penalties up to the maximum permitted by law, for the maximum *qui*  
26 *tam* percentage share allowed pursuant to 31 U.S.C. § 3730(d) and for  
27 attorney's fees, costs and reasonable expenses; and

28 COMPLAINT

1 B. For any and all other relief to which the plaintiffs may be entitled.

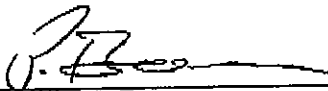
2 **JURY DEMAND**

3 Plaintiffs request trial by jury.

4  
5  
6 Dated: March 18, 2010

Respectfully Submitted,

7  
8 **WARREN ■ BENSON Law Group**

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11 By:   
12 Phillip E. Benson  
13 Attorney for *Qui Tam* Plaintiff  
14 Misha Kim  
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28

COMPLAINT

**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

**NOTICE OF ASSIGNMENT TO UNITED STATES MAGISTRATE JUDGE FOR DISCOVERY**

This case has been assigned to District Judge Stephen V. Wilson and the assigned discovery Magistrate Judge is Margaret A. Nagle.

The case number on all documents filed with the Court should read as follows:

**CV10- 1988 SVW (MANx)**

Pursuant to General Order 05-07 of the United States District Court for the Central District of California, the Magistrate Judge has been designated to hear discovery related motions.

All discovery related motions should be noticed on the calendar of the Magistrate Judge

=====

**NOTICE TO COUNSEL**

*A copy of this notice must be served with the summons and complaint on all defendants (if a removal action is filed, a copy of this notice must be served on all plaintiffs).*

Subsequent documents must be filed at the following location:

☒ **Western Division**  
312 N. Spring St., Rm. G-8  
Los Angeles, CA 90012

☐ **Southern Division**  
411 West Fourth St., Rm. 1-053  
Santa Ana, CA 92701-4516

☐ **Eastern Division**  
3470 Twelfth St., Rm. 134  
Riverside, CA 92501

Failure to file at the proper location will result in your documents being returned to you.

ORIGINAL

UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA  
CIVIL COVER SHEETI (a) PLAINTIFFS (Check box if you are representing yourself ☐  
United States of America ex rel. Misha Kim

## DEFENDANTS

GreatCare Home Health, Inc.; Hee Jung Mun; Dong W. Shin, M.D.; Bo W. Paik,  
M.D.; Whan Sil Kim, M.D.; Jung Lee; Hwa Kim; Jihae Kim; and Yeong Lee(b) Attorneys (Firm Name, Address and Telephone Number. If you are representing  
yourself, provide same.)Phillip E. Benson, Warren-Benson Law Group, 620 Newport Center Dr., Ste  
1100, Newport Beach, CA 92660; 949-721-6636

Attorneys (If Known)

## II. BASIS OF JURISDICTION (Place an X in one box only.)

- ☒ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S.  
Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship  
of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES - For Diversity Cases Only  
(Place an X in one box for plaintiff and one for defendant.)

- |   | PTF                        | DEF                        |  | PTF                        | DEF                        |
|---|----------------------------|----------------------------|--|----------------------------|----------------------------|
| Citizen of This State                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place<br>of Business in this State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place<br>of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation   | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. ORIGIN (Place an X in one box only.)

- ☒ 1 Original ☐ 2 Removed from ☐ 3 Remanded from ☐ 4 Reinstated or ☐ 5 Transferred from another district (specify): ☐ 6 Multi- ☐ 7 Appeal to District  
Proceeding State Court Appellate Court Reopened Litigation Judge from  
Magistrate Judge

V. REQUESTED IN COMPLAINT: JURY DEMAND: ☒ Yes ☐ No (Check 'Yes' only if demanded in complaint.)CLASS ACTION under F.R.C.P. 23: ☐ Yes ☒ No

MONEY DEMANDED IN COMPLAINT: \$

VI. CAUSE OF ACTION (Cite the U.S. Civil Statute under which you are filing and write a brief statement of cause. Do not cite jurisdictional statutes unless diversity.)  
Qui Tam action under False Claims Act, 31 U.S.C. sec. 3729 et seq.

## VII. NATURE OF SUIT (Place an X in one box only.)

OTHER STATUTES	CONTRACT	TORTS	PRISONER	LABOR
<input type="checkbox"/> 400 State Reapportionment	<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 510 Motions to	<input type="checkbox"/> 710 Fair Labor Standards
<input type="checkbox"/> 410 Antitrust	<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 315 Airplane Product	<input type="checkbox"/> 520 Habeas Corpus	<input type="checkbox"/> 720 Labor/Mgmt.
<input type="checkbox"/> 430 Banks and Banking	<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 320 Assault, Libel &	<input type="checkbox"/> 530 General	<input type="checkbox"/> 730 Labor/Mgmt.
<input type="checkbox"/> 450 Commerce/ICC	<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel &	<input type="checkbox"/> 535 Death Penalty	<input type="checkbox"/> 740 Railway Labor Act
<input type="checkbox"/> 460 Deportation	<input type="checkbox"/> 150 Recovery of	<input type="checkbox"/> 330 Fed. Employers'	<input type="checkbox"/> 540 Mandamus/	<input type="checkbox"/> 750 Other Labor
<input type="checkbox"/> 470 Racketeer Influenced	<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 550 Civil Rights	<input type="checkbox"/> 760 Social Security
<input type="checkbox"/> 480 Consumer Credit	<input type="checkbox"/> 152 Recovery of Defaulted	<input type="checkbox"/> 345 Marine Product	<input type="checkbox"/> 555 Prison Condition	<input type="checkbox"/> 770 Empl. Ret. Inc.
<input type="checkbox"/> 490 Cable/Sat TV	<input type="checkbox"/> 153 Recovery of	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 600 Agriculture	<input type="checkbox"/> 780 Copyrights
<input type="checkbox"/> 810 Selective Service	<input type="checkbox"/> 154 Overpayment of	<input type="checkbox"/> 355 Motor Vehicle	<input type="checkbox"/> 610 Other Food &	<input type="checkbox"/> 800 Patent
<input type="checkbox"/> 850 Securities/Commodities/	<input type="checkbox"/> 155 Enforcement of	<input type="checkbox"/> 360 Other Personal	<input type="checkbox"/> 620 Drug	<input type="checkbox"/> 810 Trademark
<input type="checkbox"/> 875 Customer Challenge 12	<input type="checkbox"/> 156 Judgment	<input type="checkbox"/> 362 Personal Injury-	<input type="checkbox"/> 625 Drug Related	<input type="checkbox"/> 820 HIA (1395m)
<input type="checkbox"/> 890 Other Statutory Actions	<input type="checkbox"/> 157 Medicare Act	<input type="checkbox"/> 362 Personal Injury-	<input type="checkbox"/> 630 Seizure of	<input type="checkbox"/> 830 Black Lung (923)
<input type="checkbox"/> 891 Agricultural Act	<input type="checkbox"/> 158 Student Loan (Excl.	<input type="checkbox"/> 365 Personal Injury-	<input type="checkbox"/> 640 Property 21 USC	<input type="checkbox"/> 840 DIWC/DIWW
<input type="checkbox"/> 892 Economic Stabilization	<input type="checkbox"/> 159 Veterans)	<input type="checkbox"/> 365 Personal Injury-	<input type="checkbox"/> 650 Liquor Laws	<input type="checkbox"/> 850 SSID Title XVI
<input type="checkbox"/> 893 Environmental Matters	<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 368 Asbestos Personal	<input type="checkbox"/> 660 R.R. & Truck	<input type="checkbox"/> 860 RSI (405(g))
<input type="checkbox"/> 894 Energy Allocation Act	<input type="checkbox"/> 160 Other Contract	<input type="checkbox"/> 368 Asbestos Personal	<input type="checkbox"/> 665 Airline Regs	<input type="checkbox"/> 870 Taxes (U.S. Plaintiff
<input type="checkbox"/> 895 Freedom of Info. Act	<input type="checkbox"/> 195 Contract Product	<input type="checkbox"/> 368 Asbestos Personal	<input type="checkbox"/> 670 Occupational	<input type="checkbox"/> 871 IRS-Third Party 26
<input type="checkbox"/> 900 Appeal of Fee Determination Under Equal	<input type="checkbox"/> 196 Franchise	<input type="checkbox"/> 368 Asbestos Personal	<input type="checkbox"/> 680 Safety/Health	<input type="checkbox"/> 871 IRS-Third Party 26
<input type="checkbox"/> 950 Constitutionality of State Statutes	<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 368 Asbestos Personal	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 871 IRS-Third Party 26
	<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 368 Asbestos Personal		<input type="checkbox"/> 871 IRS-Third Party 26
	<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 368 Asbestos Personal		<input type="checkbox"/> 871 IRS-Third Party 26
	<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 368 Asbestos Personal		<input type="checkbox"/> 871 IRS-Third Party 26
	<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 368 Asbestos Personal		<input type="checkbox"/> 871 IRS-Third Party 26
	<input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 368 Asbestos Personal		<input type="checkbox"/> 871 IRS-Third Party 26
		<input type="checkbox"/> 462 Naturalization		<input type="checkbox"/> 871 IRS-Third Party 26
		<input type="checkbox"/> 463 Habeas Corpus-		<input type="checkbox"/> 871 IRS-Third Party 26
		<input type="checkbox"/> 463 Alien Detainees		<input type="checkbox"/> 871 IRS-Third Party 26
		<input type="checkbox"/> 463 Other Immigration		<input type="checkbox"/> 871 IRS-Third Party 26
		<input type="checkbox"/> 463 Actions		<input type="checkbox"/> 871 IRS-Third Party 26

FOR OFFICE USE ONLY: Case Number: CV 10-01988

AFTER COMPLETING THE FRONT SIDE OF FORM CV-71, COMPLETE THE INFORMATION REQUESTED BELOW.

**UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA**  
**CIVIL COVER SHEET**

**VIII(a). IDENTICAL CASES:** Has this action been previously filed in this court and dismissed, remanded or closed? ☒ No ☐ Yes

If yes, list case number(s): \_\_\_\_\_

**VIII(b). RELATED CASES:** Have any cases been previously filed in this court that are related to the present case? ☒ No ☐ Yes

If yes, list case number(s): \_\_\_\_\_

Civil cases are deemed related if a previously filed case and the present case:

- (Check all boxes that apply) ☐ A. Arise from the same or closely related transactions, happenings, or events; or  
☐ B. Call for determination of the same or substantially related or similar questions of law and fact; or  
☐ C. For other reasons would entail substantial duplication of labor if heard by different judges; or  
☐ D. Involve the same patent, trademark or copyright, and one of the factors identified above in a, b or c also is present.

**IX. VENUE:** (When completing the following information, use an additional sheet if necessary.)

(a) List the County in this District; California County outside of this District; State if other than California; or Foreign Country, in which EACH named plaintiff resides.

☒ Check here if the government, its agencies or employees is a named plaintiff. If this box is checked, go to item (b).

County in this District:*	California County outside of this District; State, if other than California; or Foreign Country

(b) List the County in this District; California County outside of this District; State if other than California; or Foreign Country, in which EACH named defendant resides.

☐ Check here if the government, its agencies or employees is a named defendant. If this box is checked, go to item (c).

County in this District:*	California County outside of this District; State, if other than California; or Foreign Country
Los Angeles	

(c) List the County in this District; California County outside of this District; State if other than California; or Foreign Country, in which EACH claim arose.

Note: In land condemnation cases, use the location of the tract of land involved.

County in this District:*	California County outside of this District; State, if other than California; or Foreign Country
Los Angeles	

\* Los Angeles, Orange, San Bernardino, Riverside, Ventura, Santa Barbara, or San Luis Obispo Counties

Note: In land condemnation cases, use the location of the tract of land involved

**X. SIGNATURE OF ATTORNEY (OR PRO PER):** P. B. [Signature]

Date 3/18/10

Notice to Counsel/Parties: The CV-71 (JS-44) Civil Cover Sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law. This form, approved by the Judicial Conference of the United States in September 1974, is required pursuant to Local Rule 3-1 is not filed but is used by the Clerk of the Court for the purpose of statistics, venue and initiating the civil docket sheet. (For more detailed instructions, see separate instructions sheet.)

Key to Statistical codes relating to Social Security Cases:

Nature of Suit Code	Abbreviation	Substantive Statement of Cause of Action
861	HIA	All claims for health insurance benefits (Medicare) under Title 18, Part A, of the Social Security Act, as amended. Also, include claims by hospitals, skilled nursing facilities, etc., for certification as providers of services under the program. (42 U.S.C. 1935FF(b))
862	BL	All claims for "Black Lung" benefits under Title 4, Part B, of the Federal Coal Mine Health and Safety Act of 1969. (30 U.S.C. 923)
863	DIWC	All claims filed by insured workers for disability insurance benefits under Title 2 of the Social Security Act, as amended; plus all claims filed for child's insurance benefits based on disability. (42 U.S.C. 405(g))
863	DIWW	All claims filed for widows or widowers insurance benefits based on disability under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405(g))
864	SSID	All claims for supplemental security income payments based upon disability filed under Title 16 of the Social Security Act, as amended.
865	RSI	All claims for retirement (old age) and survivors benefits under Title 2 of the Social Security Act, as amended. (42 U.S.C. (g))